Connecticut Coalition of Advanced Practice Nurses

American College of Nurse-Midwives (ACNM), Region I, Chapter 2
Connecticut Advanced Practice Registered Nurse Society (CT APRNS)
Connecticut Association of Nurse Anesthetists (CANA)
Connecticut Nurses' Association (CNA)
Connecticut Society of Nurse Psychotherapists (CSNP)
National Association of Pediatric Nurse Practitioners (NAPNAP), Connecticut Chapter
The Northwest Nurse Practitioner Group

March 5, 2007 COMMITTEE ON PUBLIC HEALTH

Testimony in SUPPORT of Raised Bill No.7161, An Act Revising the Definition of Advanced Nursing Practice

Senator Handley, Representative Sayers, and Members of the Public Health Committee:

Thank you for the opportunity to offer support for Raised Bill No. 7161. My name is Lynn Price. I am a family nurse practitioner, an Associate Professor at Quinnipiac University and Acting Chair of the Nursing Department. Today I represent the Connecticut Coalition of Advanced Practice Nurses.

The bill before you addresses a serious problem of practice preventing the Advanced Practice Registered Nurse (APRN) from utilizing her/his CT license. Under the present statute, an APRN cannot work without a collaborative agreement with a physician. This agreement is simple, and addresses standard office procedures; it does not address individual patient care.

Collaborating physicians are not required to be directly involved with APRN patients, and frequently are not. Nonetheless, professional liability carriers for physicians use the agreement to impute liability to the physician for all of the APRN's patients. This creates two problems.

First, APRNs are increasingly unable to secure agreements with physicians. Many patients are thus left without any access to a willing APRN provider. Second, many physicians are severing existing agreements because of the liability issue. Consequently, the APRN is left with a panel of patients for whom she must provide care and yet has no legal way to continue that care.

The bill before you proposes to eliminate the mandated agreement which will allow the APRN to practice and will eliminate the liability imposed on the physician. APRNs, like all providers, collaborate with many other provider experts. They currently do not limit collaboration to their collaborating physician. The bill is clear that collaboration with providers remains a part of standard practice.

The effect of this legislation will be that specific patient care will continue exactly as it does today but a serious barrier to access of care will be eliminated, as others today will address in detail.

Attached to my testimony are two documents: a sample collaborative agreement and, in anticipation of questions, a summary of international studies over the past thirty-three years evaluating APRN outcomes and efficacy. Thank you.

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SAMPLE COLLABORATIVE PRACTICE AGREEMENT

I, _____(APRN)_____, and _____(Collaborating Physician)_____ agree to enter into a collaborative practice agreement in the provision of health care.

Coverage for patients during non-office hours and vacations will be arranged as per standard office procedure.

Schedule II through V medication may be prescribed for the acute and chronic physical conditions requiring their use as related to current practice standards of care.

Consultation and referral shall be on a case by case basis as warranted by patient condition and level of expertise of the advanced practice registered nurse.

Patient outcomes will be measured by clinical response and/or laboratory data, as per standard office procedure.

Disclosure of physician-APRN collaboration will be either verbal or written declaration to the patient.

Signed,

_____ _____

Advanced Practice Registered Nurse Physician

Connecticut Coalition of Advanced Practice Nurses

The care rendered by Advanced Practice Registered Nurses (APRNs) has been thoroughly studied over the past thirty-three years for safety, efficacy, cost-effectiveness and patient-satisfaction. Studies consistently demonstrate that APRNs provide good outcomes for patients in a safe, economically beneficial manner, and that patients often prefer APRN care for its thorough and comprehensive approach. Listed below are the some of the seminal studies on APRN care; most were conducted by researchers outside the nursing profession.

1974 Sacket, D.L., Spitzer, W.O., Gent, M., & Roberts, M. (1974). The Burlington randomized trial of the nurse practitioner: Health outcomes of patients. Annals of Internal Medicine, 80 (2), 137-142.

This study randomly assigned 1,598 families to receive primary care from physicians (approximately 2/3 of the families) or from a nurse practitioner (approximately 1/3 of the families). Researchers looked at mortality, emotional, physical and psycho-social measures. Outcomes did not differ between those families working with a nurse practitioner and those working with a physician.

1974 Spitzer, W.O., Sackett, D.L., Sibley, J.E., Roberts, M., Gent, M., Kergin, D.J., Hacket, B.D., & Olynich, A. (1974). The Burlington randomized trial of the nurse practitioner. NEJM. 290 (3), 252-256.

This study reports details from the 1974 study described above. Over a one year period, random assignment of 2,796 patients were made to a nurse practitioner, or one of two physicians. Outcome measures were patient satisfaction and physical health. There was no discernable difference between the various groups in these measures. Sixty-seven percent of patient encounters with the NPs did not need consult from physicians, and there was no discernable difference in prescribing or other safety measures.

1979 Congressional Budget Office (1979). Physician extenders: Their current and future role in medical care delivery. Washington, D.C.: US Government Printing Office.

This meta-analysis of early NP-MD studies concluded that NPs were safe providers, and compared favorably to MDs in appropriate diagnosis and treatment, disease management, outcomes, and patient satisfaction.

1980 Prescott, P.A. & Driscoll, L. (1980). Evaluating nurse practitioner performance. Nurse Practitioner. 1 (1),28-32.

A meta-analysis of 26 studies comparing physician and NP care found that NPs performed better in listening, patient guidance and support, history-taking and follow-up, thoroughness of interview and exam, and patient awareness of the management plan.

2002 **Cooper, M.A., Lindsay, G.M., Kinn, S., Swann, 1..1. (2002). Evaluating emergency nurse practitioner services: A randomized controlled trial. Journal of Advanced Nursing, 40(6).**

A UK study of NP and MD care in the emergency setting, involving 199 patients randomized to the two provider groups. No discernable difference was noted for symptom acuity, recovery time, missed injuries, patient absence from work, or spontaneous follow-up. NPs scored higher in patient satisfaction and clinical documentation of patient care.

2002 **Horrocks, S., Anderson, E., Salisbury, C. (2002). Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors. BMJ. 324, 819-823.**

A meta-analysis reviewed patient health status and satisfaction, cost of care, and procedural efficacy. APRNs were found to have better communication, investigative, and documentation skills. Patient health status and indicators of care quality were not quantitatively measurable, but were reported qualitatively as equal between APRNS and MDs. Differences were not discerned between the provider groups in the appropriateness of workup studies, prescriptions, referrals, or return visits.

2002 ***Lin, S.X., Hooker, RS., Lens, E.R., Hopkins, S.C. (2002). Nurse practitioners and physician assistants in hospital outpatient departments, 1997-1999. Nursing Economics. 20 (4), 174-179.***

The study looked at data obtained from the National Hospital Ambulatory Medical Care Survey (NHAMCS) to compare PA and APRN practice. APRNs saw patients alone more often, performed routine exams more often, and more frequently offered health promotion, disease prevention, wellness advice, and health education.

2003 **Larkin, H. (2003). The case for nurse practitioners. Hospitals and Health Networks, Aug 2003, 54-59.**

This article summarizes several studies which demonstrate that APRN use leads to decreased length of stay, decreased ventilator dependence, decreased complications from common diagnoses, and improved outcomes for heart failure patients.

2004 **Lenz, E.R, Mundinger, M.O., Kane, R.L., Hopkins, S.C., & Lin, S.X. (2004). Primary care outcomes in patients treated by nurse practitioners or physicians: Two-year follow-up. Medical Care Research and Review, 61 (3), 332-351.**

This study reports further data on the study reported in 2000 by Mundiger, et al. Researchers report no discernable difference in physiologic outcomes, health status, patient satisfaction, referrals to specialist, ER utilization, or acute inpatient service use. MD patients had more primary care visits than did those of the APRNs.